

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number

Filing Date

First Named Inventor

Title

Art Unit

Examiner Name

Attorney Docket Number

15136NP

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

000293

OR

☐ Practitioner(s) named below:

Name	Registration Number
Ralph A. Dowell	26868
Wendy M. Slade	53604

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

000293

OR

☐ Firm or Individual Name Ralph A. Dowell of DOWELL & DOWELL, P.C.

Address Suite 406, 2111 Eisenhower Avenue

City Alexandria State VA Zip 22314

Country US

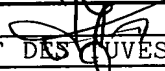
Telephone 703 415 2555 Fax 703 415 2559

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	24/06/05
Name	Jean-Michel BONNET DES GUVES	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Rec'd PCT/PTO 15 JUL 2005

10/542261

US

PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

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Address

Suite 406, 2111 Eisenhower Avenue

City

Alexandria

State

VA

Zip

22314

Country

US

Telephone

703 415 2555

Fax

703 415 2559

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SIGNATURE of Applicant or Assignee of Record

Signature		Date	June 22, 2005
Name	Vincent GERAT	Telephone	
Title and Company			

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Date

- 22/06/2005

Name

Pierre PERILLAT

Telephone

Title and Company

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☒ *Total of 3 forms are submitted.

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PTO/SB/01 (09-04)

Approved for use through 07/31/2006. OMB 0651-0032

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration
Submitted
With Initial
Filing

OR

☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)
Attorney Docket
Number

15136NP

First Named Inventor

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MULTI-AXIS ROBOT PROVIDED WITH A CONTROL SYSTEM.✓

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 02/03/2004 ✓ as United States Application Number or PCT International

Application Number PCT/FR04/00245 ✓ and was amended on (MM/DD/YYYY) 10/29/2004 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
0301264 ✓	FRANCE ✓	02/04/2003 ✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> The address associated with Customer Number: 000293		OR <input type="checkbox"/> Correspondence address below	
Name <u>Ralph A. Dowell of DOWELL & DOWELL, P.C.</u>			
Address <u>Suite 406, 2111 Eisenhower Avenue</u>			
City <u>Alexandria</u>	State <u>VA</u>	ZIP <u>22314</u>	
Country <u>US</u>	Telephone <u>703 415 2555</u>	Fax <u>703 415 2559</u>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>1-00 Vincent</u>		Family Name or Surname <u>GERAT</u>	
Inventor's Signature 		Date <u>June 22, 2005</u>	
Residence: City <u>SAINT JORIOZ</u> <u>FRX</u>	State	Country <u>FRANCE</u>	Citizenship <u>French</u> <input checked="" type="checkbox"/>
Mailing Address <u>118 Clos des Belhiardes</u>			
City <u>SAINT JORIOZ</u>	State	Zip <u>74410</u>	Country <u>FRANCE</u>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>2-00 Pierre</u>		Family Name or Surname <u>PERILLAT</u>	
Inventor's Signature 		Date <u>June 22, 2005</u>	
Residence: City <u>ANNECY-LE-VIEUX</u> <u>FRX</u>	State	Country <u>FRANCE</u>	Citizenship <u>French</u> <input checked="" type="checkbox"/>
Mailing Address <u>9 Parc des Raisses</u>			
City <u>ANNECY-LE-VIEUX</u>	State	Zip <u>74940</u>	Country <u>FRANCE</u>
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

10/542261

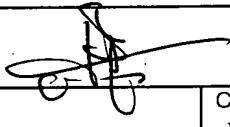
P.O./SB/01 (09-04)

Approved for use through 07/31/2006 OMB 0651-0032

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Address Suite 406, 2111 Eisenhower Avenue				
City Alexandria	State VA	ZIP 22314		
Country US	Telephone 703 415 2555	Fax 703 415 2559		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) 3-00 Jean-Michel		Family Name or Surname BONNET DES TUVES		
Inventor's Signature 			Date 24/06/05	
Residence: City SAINT FERREOL FRX	State	Country FRANCE	Citizenship French ✓	
Mailing Address Impasse de la Traversière				
City SAINT FERREOL	State	Zip 74210	Country FRANCE	
NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature			Date	
Residence: City	State	Country	Citizenship	
Mailing Address				
City	State	Zip	Country	
<input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.				